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CONFIRMATION NO. 3224

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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/457,226 12/08/1999 ABN
which is a CON of 08/844,395 04/18/1997 PAT 6,010,533
which is a CON of 08/631,877 04/16/1996 PAT 5,645,601
which is a CON of 08/289,696 08/12/1994 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 04/12/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	UT	43	100	5

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TITLE

PROSTHETIC KNEE JOINT HAVING AT LEAST ONE DIAMOND ARTICULATION SURFACE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)

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